

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 010888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/15/2015
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF RICHMOND		STREET ADDRESS, CITY, STATE, ZIP CODE 3700 S A ST RICHMOND, IN 47374		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00161465.</p> <p>Complaint IN00161465 -- Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey date: January 14 and 15, 2015</p> <p>Facility number: 010888 Provider number: 010888 AIM number: N/A</p> <p>Survey team: Penny Marlatt, RN</p> <p>Census bed type: Residential: 41 Total: 41</p> <p>Census Payor type: Other: 41 Total: 41</p> <p>Sample: 3</p> <p>Sterling House of Richmond was found to be in compliance with 410 16.2-5 in regard to the Investigation of Complaint IN00161465.</p> <p>Quality review completed on January 16, 2015 by Cheryl Fielden, RN.</p>	R 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE